

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Leahy for U.S. Senator Committee

Full Name (Last, First, Middle Initial)

**A. Ace Group**

Mailing Address 2420 Lakemont Ave

City Orlando State FL Zip Code 32802

Purpose of Disbursement  
insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Amount of Each Disbursement this Period

23.00

Transaction ID : D580078

Full Name (Last, First, Middle Initial)

**B. Act Blue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2015

Amount of Each Disbursement this Period

1.59

Transaction ID : D579307

Full Name (Last, First, Middle Initial)

**C. Act Blue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Amount of Each Disbursement this Period

263.17

Transaction ID : D579768

SUBTOTAL of Disbursements This Page (optional).....

287.76

TOTAL This Period (last page this line number only).....